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<b>Request for Continued Examination (RCE) Transmittal</b>  Address to: MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/701,852-Conf. #7792
	Filing Date	November 5, 2003
	First Named Inventor	Masuo Ogawa
	Art Unit	2835
	Examiner Name	Y. H. Chang
	Attorney Docket Number	04995/126001

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

ii. ☐ Other \_\_\_\_\_

b. ☒ Enclosed

i. ☐ Amendment/Reply

iii. ☒ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other \_\_\_\_\_

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☐ Other \_\_\_\_\_

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☐ The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 50-0591. I have enclosed a duplicate copy of this sheet.

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other \_\_\_\_\_

b. ☐ Check in the amount of \$ \_\_\_\_\_ enclosed

c. ☒ Payment by credit card (Form PTO-2038 enclosed)

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>			
Signature		Date	February 12, 2007
Name (Print/Type)	Jonathan P. Osha	Registration No.	33,986

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<div style="text-align: center;">Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</div> <div style="text-align: center;"><b>FEE TRANSMITTAL</b> <b>For FY 2006</b></div> <div><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div>		<b>Complete if Known</b>	
		Application Number	10/701,852-Conf. #7792
		Filing Date	November 5, 2003
		First Named Inventor	Masuo Ogawa
		Examiner Name	Y. H. Chang
		Art Unit	2835
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	790.00
<b>Attorney Docket No.</b>		04995/126001	

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>50-0591</u> Deposit Account Name: <u>Osha · Liang LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>								
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>								
Application Type	Fee (\$)	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
		Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
<b>2. EXCESS CLAIM FEES</b>								
<b>Fee Description</b>							<b>Small Entity</b>	
							<b>Fee (\$)</b>	
Each claim over 20 (including Reissues)							50	
Each independent claim over 3 (including Reissues)							200	
Multiple dependent claims							360	
<b>Total Claims</b>							<b>Fee Paid (\$)</b>	
- = x =								
HP = highest number of total claims paid for, if greater than 20.								
<b>Indep. Claims</b>							<b>Fee Paid (\$)</b>	
- = x =								
HP = highest number of independent claims paid for, if greater than 3.								
<b>3. APPLICATION SIZE FEE</b>								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<b>Total Sheets</b>							<b>Fee (\$)</b>	
- 100 = /50 (round up to a whole number) x =							<b>Fee Paid (\$)</b>	
<b>4. OTHER FEE(S)</b>							<b>Fees Paid (\$)</b>	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							790.00	
<b>SUBMITTED BY</b>								
Signature				Registration No. (Attorney/Agent)	33,986	Telephone	(713) 228-8600	
Name (Print/Type)	Jonathan P. Osha			Date	February 12, 2007			



Application No. (if known): 10/701,852

Attorney Docket No.: 04995/126001

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 943705497 US in an envelope addressed to:

MS RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on February 12, 2007  
Date

  
Signature

Yuki Tsukuda

Typed or printed name of person signing Certificate

N/A

Registration Number, if applicable

(713) 228-8600

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)  
Information Disclosure Statement (2 pages)  
Request for Continued Examination Transmittal (1 page)  
IDS (Citation) by Applicant (3 References) (1 page)  
Payment by credit card. Form PTO-2038 is attached (1 page)  
Charge \$790.00 to credit card  
Return Receipt Postcard